CHRONIC DISEASE RISK REDUCTION

Background

Chronic diseases account for roughly 75 percent of health care costs each year.[1] Based on national estimates in 2010, nearly $20 billion was spent in Kansas on chronic disease.[2] As states struggle to meet the staggering costs of health care, the most cost-effective interventions are frequently overlooked. Impressive achievements in population health are possible by reducing the prevalence of risk factors that underlie chronic disease and injury and by helping people actively manage their chronic conditions.

TOBACCO USE - Tobacco use is the leading cause of preventable death and disease in Kansas. Annually, cigarette use alone causes approximately 3,800 deaths in Kansas, costing more than $927 million in medical expenditures and $863 million in lost productivity from an experienced workforce that dies prematurely.[3] Additionally, youth continue to use tobacco at an alarming rate. Data from the 2011/2012 Kansas Youth Tobacco Survey (KYTS) reveal that 13.0 percent of high school students reported using cigarettes. The KYTS also indicates that 11.1 percent of high school male students in Kansas currently use smokeless tobacco. Data compiled by the Centers for Disease Control and Prevention (CDC) show that smoking prevalence among youth and adults declines faster as spending for tobacco control programs is increased. The risks of tobacco use extend beyond actual users. Secondhand smoke exposure increases the risk for lung cancer and heart disease.[4]

OBESITY- Obesity, defined as a body mass index $\geq$ 30 kg/m2, increases the risk for several chronic diseases including coronary heart disease, type 2 diabetes, certain cancers, stroke and osteoarthritis.[5] These conditions have their own promising practices to combat obesity, such as chronic disease self-management programs. In 2012, 29.8 percent of Kansas adults 18 years and older were obese.[6] The percentage of Kansas adults who were obese in 2012 was significantly higher among Kansans 25 years and older, persons with less than college education, those whose annual household income was less than $35,000 and those living with a disability. In addition, obesity is highly prevalent among Kansas adults with chronic health conditions.[6] For example 56.4 percent of Kansans with diabetes and 39.9 percent of Kansans with arthritis are obese.[6] In 2013, 28.9 percent of Kansas high school students in grades 9-12 were overweight or obese (16.3% overweight, 12.6% obese.)[7]

PHYSICAL ACTIVITY - Regular physical activity is associated with reduced risk of several chronic health conditions including coronary heart disease, stroke, type 2 diabetes and certain cancers.[8] Participating in physical activity also delays the onset of functional limitations,[9] prevents obesity[5] and is essential for normal joint health.[10] The U.S. Department of Health and Human Services' *2008 Physical Activity Guidelines for Americans* recommend that adults participate in at least 150 minutes a week of moderate-intensity aerobic activity, or 75 minutes a week of vigorous-intensity aerobic activity or an equivalent combination of moderate- and vigorous-intensity aerobic activity. The *Guidelines* also recommend that children and adolescents participate in at least 60 minutes of physical activity per day.

In 2011, 16.5 percent of Kansas adults 18 years and older met these physical activity guidelines.[11] The percentage of Kansas adults meeting current physical activity guidelines was significantly lower among females, Kansans 25 years and older compared to those aged 18 to 24 years, those with less than college education, those whose annual household income was less than $50,000, residents of less population-dense counties, those living with a disability and those with arthritis. In 2013, 71.7 percent of Kansas high school students in grades 9-12 did not engage in recommended levels of physical activity (i.e. at least 60 minutes per day).[12]

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[1] The Power to Prevent, Call to Control: At A Glance 2009. Centers for Disease Control and Prevention website. 2009. Available at: www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm. Accessed December 14, 2012.

[2] U.S. Health Care Costs. Kaiser Family Foundation, Kaiser EDU website. 2012. Available at http://www.kaiseredu.org/issue-modules/us-health-care-costs/background-brief.aspx#footnote/. Accessed December 17, 2012.

[3] Smoking Attributable Morbidity, Mortality and Economic Cost. Centers for Disease Control and Prevention.

[4] U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

[5] U.S. Department of Health and Human Services. Public Health Service; National Institutes of Health; National Heart, Lung and Blood Institute. Clinical guidelines on the identification, evaluation and treatment of overweight and obesity in adults. NIH Publication No. 98-4083; 1998.

[6] 2012 Kansas Behavioral Risk Factor Surveillance System. Kansas Department of Health and Environment, Bureau of Health Promotion.

[7] 2013 Kansas Youth Risk Behavior Survey. Kansas State Department of Education.

[8] U.S. Department of Health and Human Services. *2008 Physical Activity Guidelines for Americans.*

[9] Huang Y, Macera CA, Blair SN, Brill PA, Kohl HW, Kronfeld JJ. Physical fitness, physical activity, and functional limitations in adults 40 and older. *Medicine Science in Sports and Exercise.* 1998;30:1430-1435.

[10] Minor MA. Exercise in the treatment of osteoarthritis. *Rheum Dis Clin North Am.* 1999;25:397-415.

[11] 2011 Kansas Behavioral Risk Factor Surveillance System. Kansas Department of Health and Environment, Bureau of Health Promotion.

[12] 2013 Kansas Youth Risk Behavior Survey, Kansas State Department of Education.

NUTRITION - Research shows that eating at least two and a half cups of fruits and vegetables per day is associated with a reduced risk of many chronic diseases, including cardiovascular disease and certain types of cancer. A diet rich in fruits and vegetables can also help adults and children achieve and maintain a healthy weight.[13] In 2011, 41.4 percent of Kansas adults 18 years and older consumed fruit less than 1 time per day and 22.3 percent consumed vegetables less than 1 time per day.[11] The percentage of Kansas adults who consumed fruits or vegetables less than 1 time per day was significantly higher among males, adults 18-34 years old and those with less than a college level education.[11] In 2013, only 16.4 percent of Kansas high school students in grades 9-12 ate fruits and vegetables five or more times per day.[12]

CHRONIC DISEASE SELF-MANAGEMENT EDUCATION: Chronic Disease Self-Management Education (CDSME) programs are evidence-based classes with curriculum developed by Stanford University to improve the quality of life of those living with chronic disease.[14] The program specifically addresses arthritis, diabetes and lung and heart disease, but teaches skills useful for managing a variety of chronic diseases. KDHE is one of two license-holders in Kansas to implement these programs. Workshops are once a week for six weeks and led by two trained leaders, one of whom is living with a chronic condition. Workshop participation is recommended for anyone living with one or more chronic conditions, family and friends of those living with a chronic condition and caregivers. These interactive workshops provide participants with techniques to deal with problems associated with chronic disease, nutrition, appropriate exercise, appropriate use of medications, communicating effectively with family, friends and health professionals and how to evaluate new treatments. Participants also learn and practice problem-solving and action planning.

REQUEST FOR PROPOSAL - This document is a request for proposals for local healthy community programs that include tobacco use prevention and control and may include community physical activity, nutrition and obesity prevention activities. This funding solicits program grant applications from communities to establish or continue tobacco control programs at the local level that are sustainable, accountable and eventually comprehensive as recommended by CDC's Best Practices for Comprehensive Tobacco Control Programs 2014. All applications must address tobacco, while work in physical activity, nutrition and CDSME is optional. This document provides background and guidelines for developing a full proposal and submission instructions. This is a competitive grant process, meaning that grants will be awarded based upon the quality and clarity of the proposed activities and achievability of proposed outcomes. Please follow the directions carefully. Applications will be scored based on adherence to guidelines.

Chronic Disease Risk Reduction (CDRR) Grant Overview

The purpose of this community grant program is to provide funding and technical assistance to communities to address chronic disease risk reduction through evidence-based strategies that impact tobacco use, physical activity, nutrition and chronic disease self-management. Examples of these strategies can be found in the American Journal of Preventive Medicine's *The Guide to Community Preventive Services: Tobacco, Obesity, Physical Activity, Nutrition* (www.thecommunityguide.org), the National Association of County and City Health Officials' *Recommendations for Comprehensive Tobacco Use Prevention Programs* (http://www.naccho.org/topics/HPDP/tobacco/upload/Tobacco-Prevention-Learners-Guide.pdf) and *The Community Health Promotion Handbook: Action Guides to Improve Community Health* (http://www.cdc.gov/steps/actionguides). The grant program is structured to promote community program progress in two distinct phases:

1. ***Planning and Capacity (1 year maximum):*** appropriate for applicants who lack a functioning chronic disease control coalition and/or lack a recent community assessment upon which they can plan and justify CDRR activities. Grant funds support completion of an approved community-wide and/or targeted assessment tool, establishment of a functional chronic disease prevention coalition including at a minimum a tobacco committee or sub-committee focused on tobacco, preparation for future participation in the Youth Tobacco Survey (YTS) and attendance at three state trainings. At least 0.25 full-time equivalent (FTE) (a minimum of 10 hours per week) must be dedicated to grant implementation. Planning applicants may propose community interventions in their application.

   Planning and Capacity Phase Deliverables:

   - Community chronic disease prevention plan based on or guided by community and/or targeted assessment results (e.g., CHANGE Tool Community Action Plan, tobacco retail assessments, Microscale Audit of Pedestrian Streetscapes, etc.)

[13] U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010*. 7th Edition, Washington, DC: U.S. Government Printing Office;2010.
[14] http://patienteducation.stanford.edu/programs/cdsmp.html

- Functional chronic disease prevention coalition. All CDRR grantees are required to have a community coalition or a subcommittee of a larger community health coalition that focuses on tobacco strategies outlined in workplan.
- Attend the Annual CDRR Summit (counts as one of three required trainings) and 3 quarterly meetings held in state regions.

Timeline and Staffing:

- Maximum of one year
- 0.25 FTE minimum
- 25 percent local match

2. ***Implementation:*** applicants with a functioning coalition and a community-wide or targeted assessments completed within the past five years should apply at the implementation level. Grant funds support local tobacco control, physical activity, nutrition and chronic disease self-management programming, participation in the county and state level YTS as requested, and attendance at three state trainings and 3 regional meetings. Implementation applicants must include tobacco programming to be eligible for physical activity, nutrition and CDSME programming funding. Tobacco prevention funding is contingent upon appropriations by the Kansas State legislature. Physical activity, nutrition and CDSME activity funding is contingent upon availability of funds. At least 0.5 FTE (a minimum of 20 hours per week) must be dedicated to grant implementation.

   Implementation Phase Deliverables:

   - Tobacco control activities
   - Functional chronic disease prevention coalition that meets at least quarterly. All CDRR grantees are required to have a community coalition or a subcommittee of a larger community health coalition that focuses on tobacco strategies outlined in workplan.

   Optional: Physical activity, nutrition and chronic disease self-management activities.
   Timeline and Staffing:

   - 0.5 FTE minimum
   - 25 percent local match

Required of All Grantees:

Activities

1. Support state surveillance if requested.
2. Promote the "Brief Tobacco Intervention" web-based training to local providers.
3. Attend three approved trainings.
4. Host two Community Health Specialist site visits during first and third quarters of grant year.
5. Engage in public relations efforts geared toward decision-makers such as speaking engagement, fact sheets, meetings, and informational letters to local and state officials. Have staff or a coalition member attend chronic disease health promotion technical assistance opportunities.
6. Complete a community assessment if the most recent community assessment is five years old or older.
7. Complete CDRR Coalition Assessment as recommended by Community Health Specialist. See coalition assessment appendix.
8. Submit regular earned media reporting via online survey (http://www.surveymonkey.com/s/CDRREarnedMedia).
9. Complete mid and final year reports.

   Complete one success story per approved program area per year: one for tobacco, one for PAN and one for CDSME, if applicable. Use the Success Story form.

Communication with Chronic Disease Risk Reduction

1. Inform Community Health Specialist of ongoing grant activities including but not limited to media campaigns, youth events, coalition meetings, etc.
2. Submit all communications items (including legislative letters and other media) to KDHE Communications Coordinator for review at least two weeks prior to date needed.
3. Provide agenda and minutes to Community Health Specialist after coalition meetings.

4. Submit surveys to BHP epidemiologist for review in advance of survey administration.

Eligibility

Eligible applicants are local health departments, which are expected to serve as the project lead on behalf of the community. A local health department may designate a partner organization to serve as the lead agency. If a partner organization is to serve as the lead agency, the application must include a letter from the local health department stating that it has designated another agency to be the applicant. A consortium of counties may apply together under one application.

Organizations within counties designated as target sites for the "State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke" grant (DP14-1422) are eligible for PAN funding from CDRR. However, applicants must demonstrate how 1422 and CDRR work will be integrated, how duplication will be avoided and how funds will be leveraged if PAN funds are requested.

Match

All applicants must provide a minimum of 25 percent match for every dollar awarded. The 25 percent match may be in cash, in-kind or a combination of both from county and/or public and private sources. Sources of in-kind match may include: school programs, Safe and Drug Free Schools funds, Kansas Healthy Schools, Safe Routes to School, Kansas Health Foundation and Sunflower Foundation Trails grant, Kansas Department of Transportation Enhancement grant and others as determined by the program director. Local funds that support existing evidence-based cessation program services and local funds provided for enforcement activities may also serve as local match. Please consult the regional Community Health Specialist for assistance in determining the amount of cash match required for a specific program. The applicant must document all costs used to satisfy the matching requirements. Program resources may be used for consultants, staff, survey design and implementation, data analysis, or other expenses associated with surveillance and evaluation efforts to fulfill the match requirement.

Grant Timeline

March	April	May	June	July	August
March 16, CDRR Grant application due		Award notices sent		July 1, Grant year begins, 25% of award funds distributed	
September	**October**	**November**	**December**	**January**	**February**
September 1, revisions due Site Visit #1	October 1, 25% of award funds distributed			January 1, 12.5% of award funds distributed January 15, mid-year report and affidavit of expenditures due	February 15, 12.5% of award funds distributed
March	**April**	**May**	**June**	**July**	
	April 1, final 25% of award funds distributed Site Visit #2		June 30, Grant year ends	July 15, end of year report and final affidavit of expenditures due	

KDHE's Responsibility to Grant Recipient

1. Attend and present at coalition meetings and other events as requested.
2. Provide technical assistance for evaluation, media, programming, integration of activities, coalition building, etc.
3. Schedule first and third quarter site visits to check progress with grant activities.
4. Provide guidance through processes that require state agency oversight (Internal Review Board (IRB), media approval, etc.).
5. Send relevant information on resources, funding opportunities, trainings, professional development, etc.

Application

Incomplete applications will not be considered.
Please direct any questions to your regional Community Health Specialist.

To apply, applicants must procure an account with Catalyst (http://www.catalystserver.com; info@catalystserver.com). Login to http://www.CatalystServer.com, apply for CDRR funding, remove and/or add optional workplan items, fill in requested information and attach the below completed supplemental forms to the CDRR budget in Catalyst.

Supplemental Application Forms

1. **Executive Summary:** The Executive Summary requires the applicant to describe the community to be served and summarize how their proposal will meet identified needs. This description should include population demographic information, identified disparate population(s) and poignant results of the most recent community assessment. Applicants with a community assessment plan that is over five years old or missing should describe plans for implementing a community assessment.
2. **Coalition Membership Form:** A functional coalition is a requisite for successful community-based chronic disease prevention. Please have each participant sign to indicate their support for the grant application. Sectors of community support are provided as a guideline for composition of an optimal community coalition for chronic disease risk reduction. Applicants are encouraged, but are not required to have an organization represented in every sector. Applicants should include all sectors with direct relevance to selected goals and outcomes. Each sector may have multiple participants. A minimum of five active sectors are required for the coalition to be considered functional.
3. **Planning Phase Forms:** For planning phase applicants only (Connection Map, Identifying Linkages Between Community Priorities and Tobacco Control, Types and Levels of Partnerships).
4. **Staffing Plan Form:**
    a. List the Position Name for each proposed staff member, the staff member's name and credentials, and provide a brief explanation of the scope of duties for this position related to the program. The staffing plan should reflect the organizational capacity to complete the program activities and evaluation through an appropriate amount of FTE. Minimum FTE requirements as specified for each phase must be dedicated to the program.
    b. Grant funds for staffing are to be used for grant coordination and activity implementation through local health educators/outreach workers.
    c. No more than 10 percent of administrators' salaries may be funded by CDRR.

Budget

The budget should be entered into Catalyst with detailed budget item descriptions. The CDRR budget form "Staffing Plan" should be completed and attached to your CDRR Catalyst budget. The "Staffing Plan" form is available for download at http://www.kdheks.gov/doc_lib/index.html.

Funds may be used for reasonable costs associated with the program's activities including:

- salary
- travel
- registration fees
- supplies
- advertising (requires prior approval from the Communication Coordinator to ensure statewide coordination)
- consultation
- facility rental
- equipment rental
- speakers/presenters
- educational materials

Grant Funds may **NOT** be used to:

- provide meals or snacks
- provide direct services, individual or group cessation services
- provide direct patient care or rehabilitation
- provide personal health services medications (NRT therapy)
- supplant existing funding from Federal, State, or private sources
- directly enforce policies
- pay for an internship
- provide incentives and promotional items
- provide staff time for direct classroom instruction of students of any age

- lobby government entities, or defray other costs associated with the treatment of diseases
- purchase capital equipment

Communities are encouraged to get partner contributions for food, which may be used as matching funds. The Kansas Department of Health and Environment funds cannot be used to supplant existing funding from Federal, State or private sources.

Review Procedures

Applications will initially be reviewed for completeness and responsiveness. Incomplete applications and applications that do not meet the eligibility criteria will not advance for further review. Applicants will be notified if their applications did not meet eligibility or published submission requirements.

Information about the application will be provided at the Chronic Disease Risk Reduction Summit January 22-23, 2015 and a FAQ document will be made available online. Submit questions regarding the Chronic Disease Risk Reduction Grant application via email, with the subject "CDRR Questions," to TUPP@kdheks.gov. Questions and responses will be listed on a Frequently Asked Question (FAQ) document on the KDHE Bureau of Health Promotion webpage http://www.kdheks.gov/bhp/index.html in the links section on the right side of the page.

Community Health Promotion staff may respond to questions regarding application processes however, to provide an equitable and fair process to all applicants, staff will not respond to questions regarding application content. Community Health Promotion staff will not read the application prior to submission. Grant applications will be reviewed by a team of external reviewers. If requested by an external reviewer, and available, the applicant organization's performance and compliance as a CDRR grantee during the past two fiscal years will be considered and discussed when scoring and ranking grant applications. Planning Grants will be scored separately to eliminate competition barriers for new applicants.

Although not an exhaustive list, reviewers look for the following qualities:

- Does the application demonstrate the chronic disease-related strengths, weaknesses and barriers faced by the community?
- Does the applicant demonstrate they have a functioning, diverse community coalition or the capacity to develop a strong coalition capable of carrying out chronic disease risk reduction interventions?
- Are the proposed activities aligned with evidenced-based strategies as described in the RFP?
- Do the proposed activities effectively integrate any paid or earned media into policy, systems and environmental activities?
- Are the proposed activities logically organized and likely to result in a positive impact on demonstrated community needs?
- Are the objectives and indicators proposed by the grantee feasible, measurable and demonstrative of activity progress and success?
- Are the staffing and budget sections sensible and justified by the proposed activities?
- Is the application complete, of high overall quality and clearly and persuasively written?

Award Administration Information - Successful applicants will receive a Letter of Award and Grant Contract from the Kansas Department of Health and Environment. The first disbursement of grant funds may be expected on or before July 31, 2015. Any requested revisions to program activities, evaluation and/or budgets must be completed before the second disbursement of grant funds. Grant activities will be expected to start on July 1, 2015, and continue through June 30, 2016.

Unsuccessful applicants will receive notification of the result of the application review by mail.

Reporting

All awardees must complete mid-year and final reports by providing budget and workplan progress updates in Catalyst and responding to requests for supplemental information from KDHE. The Mid-year report and Affidavit of Expenditures for the period of July 1 through December 31, 2015, will be due no later than January 15, 2016. The Final Report and Affidavit of Expenditure for the period of July 1, 2015 – June 30, 2016 will be due no later than July 15, 2016.

Appendix

CDRR Coalition Self-Assessment Instructions and Tool

CDRR Coalition Self-Assessment Instructions

CDRR programming relies on engaged, highly functional coalitions to implement chronic disease risk reduction interventions. Coalitions can leverage local resources and capitalize on local partners and relationships to achieve goals that would be near-impossible for one or two individuals working alone. Coalitions, however, require work to create and maintain. To facilitate the health of coalitions associated with the CDRR program, the CDRR grant requires completion of the CDRR Coalition Self-Assessment every other year.

The CDRR Coalition Self Assessment is designed to improve coalition organization and functionality. It does this by identifying coalition strengths and weaknesses, which are used by CDRR Community Health Specialist Staff to facilitate discussions about coalition improvements. The assessment provides a general picture of a coalition's stage of development and may point out areas in which technical assistance, training or other support is needed.

This assessment is not a test. There are no right or wrong answers and there is no personally identifying information requested on the questionnaire. To get the most out of the assessment, it is important that each question be answered honestly and by as many coalition members as possible. A coalition assessment can only “fail” if it does not result in coalition improvement.

When your coalition is ready to conduct a coalition assessment, contact your Community Health Specialist to schedule an assessment date. It is recommended that you schedule an assessment in the first half of the grant year to give your Community Health Specialist sufficient time to analyze results and report back to the coalition.

The Coalition Self-Assessment Process:

1) Discuss the assessment with your coalition and pick a couple possible dates to have the assessment.
2) Contact your Community Health Specialist and decide on a date to have the assessment.
3) Your Community Health Specialist will attend the designated coalition meeting and administer the assessment.
4) Your Community Health Specialist collects, aggregates and analyzes the results of your assessment.
5) At another meeting later in the grant year, your Community Health Specialist will present the results of the coalition assessment and facilitate a discussion about the results and how the information can be used.